

Make a complaint about care you received

Before you start

Our team may discuss your complaint and clinical records with the person and/or organisation you are complaining about, including their employer. This may include forwarding them a copy of your complaint and the clinical records to enable them to respond to our questions about your complaint.

Need help? You can get help from an advocate to resolve your complaint directly with the person or organisation you are unhappy with, or they can help you make a complaint to HDC. Call 0800 555 050. *This service is free of charge.*

You can fill in this form in any language and we will have it translated.

If you have documents/photos to support this complaint, please attach them.

Our team treats all complainants with fairness and respect. We acknowledge that you may be feeling distressed or angry, but abuse towards our staff is not acceptable and will not be tolerated. We may issue a warning, report a matter to the Police, or modify or restrict access to our services if our staff are abused.

Privacy information is available on our website at www.hdc.org.nz/privacy-statement/.



About you

Tell us a little about yourself.

Please complete all information that contains an asterisk (*).

My personal details

Title* (Mr/Ms/Miss/Mrs/Mx/Dr/Other)		
First name*		
Last name*		
Gender*		
Male		
Female		
Other – Please specify		
I don't want to answer		
I don't know		
Date of birth* (Day/Month/Year)		

Age group*

- Under 15 years
- 15 to 17 years
- 18 to 24 years
- 25 to 34 years
- 35 to 49 years
- 50 to 64 years
- 65 to 74 years
- 75 to 84 years
- 85+ years
 - I don't want to answer
- I don't know my age



Whi	ch ethnic group do you belong to?* (Please select all that apply.)
	NZ European
	Māori
	Samoan
	Cook Island Māori
	Tongan
	Niuean
	Chinese
	Indian
	I don't know
	I don't want to answer
	Other – Please specify (eg, Dutch, Japanese, Tokelauan)
Doy	you identify as having a disability?*
	Yes
	No
	I don't want to answer
Doy	you have difficulty with any of the following?* (Please select all that apply.)
	Seeing, even if wearing glasses
	Hearing, even if using a hearing aid
	Walking or climbing steps
	Remembering or concentrating
	Self-care (eg, personal hygiene)
	Understanding or being understood by others, even when the conversation is in your usual language
	I don't have difficulty with any of those things
	I don't want to answer this question
	Other difficulty – Please specify



Do you have any accessibility needs?*

For example: "I prefer documents in large print"; "Please talk loudly and clearly as I have a hearing impairment".

No
Yes – Please specify

Do you know your NHI number?*

The National Health Index number is a unique identifier given to every person who uses health and disability services in New Zealand.

No		
Yes – Please state	2	

My contact details

Ema	il
	ne number
Add	ress*
Sub	
City	
Post	code
	at is the best way to contact you?*
	Phone
	Email
	Post
	Relay Service
\square	Other – Please specify



Tell us about your complaint

Tell us how many providers are involved. If you are complaining about more than two people or organisations, you can include more details in the "Other Providers" section later in this form.

Name of the person and/or organisation who provided the service*

Тур	Type of health or disability service provider*			
	Doctor		Nurse	
	Care home		Support worker	
	Residential disability service		Physiotherapist	
	Medical centre		Midwife	
	Hospital		Other	
Wha	at is your relationship to this person/	orga	nisation?*	
Spee	cifically, are you a current or former:			
	Patient		Tangata whai ora/service user	
	Employer		Professional colleague	
	Employee		No relationship	
	Volunteer		Other	
	Contractor			
What is the address of this person/organisation?*				
Add	ress			
Sub	urb			
City				
Postcode				
	Other providers (please write their names)			



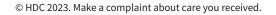
Tell us about what happened

Tell us what you want to make a complaint about. Be clear, and focus on the main problem(s). Describe the events.

Please give us all the dates and relevant details that you can remember.*

You can attach any documents or photos that are relevant.

What happened? Who did it happen to? When did it happen? (date and time) Where did it happen? Who did it?





Did this incident oc	cur more than two years ago?*
No	
Yes	
f the incident occurre	ed more than two years ago, please tell us the reasons for the delay in making
his complaint.	



Tell us more about your complaint

Are	there other people who can help us with any questions we may have?*
	No
	Yes – Please tell us their names and how we can contact them. For each person, please explain how they may be able to help.
	at do you want to achieve by making this complaint? use tell us clearly what you would like to see happen.



Have you tried to resolve your complaint with the provider directly?*			
	No – Please explain if there is a particular reason why not.		
	Yes – Please give details, including the outcome. Attach copies of any emails or letters to or from the person or organisation, or notes from meetings.		
	e you asked the Nationwide Health and Disability Advocacy Service for help esolve your complaint?*		
	No – Please explain if there is a particular reason why not.		
	Yes – Please give details, including the outcome. Please attach copies of any emails or letters		
	to or from the person or organisation, or notes from meetings.		



Have you made a complaint to another agency about this matter (eg, ACC, the Human Rights Commission, the Privacy Commissioner, the Police)?*

	No
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Yes – Please give details, including the outcome.

You can post or email this form to us. If you have any questions, please contact us:

National freephone: 0800 11 22 33

Postal address: PO Box 1791, Auckland 1140

Email: hdc@hdc.org.nz

Fax: 09 373 1061

To contact us using the NZ Relay Service

- 1. Go to the New Zealand Relay Service at **https://www.nzrelay.co.nz/index**.
- 2. Select the service best suited to your needs Text Relay, Caption Relay, Speech to Speech services, TTY service or NZSL Interpreted services.
- 3. Provide our contact number to the NZ Relay assistant 09 373 1060.
- 4. You will be connected to the Health and Disability Commissioner's Office.